

INDIANA DEPARTMENT OF TRANSPORTATION

**WEEKLY DBE
TRUCKING REPORT B**

Name of Firm: _____ Address: _____

INDOT Contract No.: _____

Name of General Contractor: _____

Name of Contractor With Whom You Have Your Trucking Agreement: _____

DAY OF THE WEEK	DATE	TRUCKS OWNED	DBE SUPPLEMENTAL TRUCKS Number of trucks	NON-DBE SUPPLEMENTAL TRUCKS Number of trucks	BROKERAGE/COMMISSION CREDIT ONLY Number of trucks
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL:					

Authorized Signature: _____, _____
Title _____

Printed Name _____ Date _____